National Institute for Research – and Development in Health

Society for Education on Contraception and Sexuality

Romanian Initiative for Promotion of the Optimal Birth Spacing Interval

Knowledge, Attitudes, Practices Regarding The Optimal Birth Spacing Interval

RESUME

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I. INTRODUCTION

The Society for Education on Contraception and Sexuality (SECS) is developing a new project in the field of Reproductive Health. The project is in favor for promoting the optimal birth spacing interval; it is called "The Romanian Initiative Promoting Optimal Birth Spacing Interval" ("Initiativa romana pentru promovarea intervalului optim intre nasteri") and is being developed with the support of USAID, through Catalyst Consortium.

The project is focused on the increase in the quality of pre and post-parting counseling, in order to promote an optimal birth spacing interval. The target groups are represented by the couples which request premarital counseling/consultation, the pregnant women who are hospitalized and the mothers with children who are at most 2 years old.

The National Institute for Research & Development in Health (NIRDH) has been contracted by SECS in order to achieve the evaluation of the knowledge and attitudes of the medical service providers and of the clients, referring to the benefits of birth spacing. The results obtained from the analysis of the data will serve to the revision of the medical staff's FP/RH training curricula and to the elaboration of the messages to be used within an IEC Campaign.

The project has been carried out in Constanta district where NIRDH has conducted a number of 19 focus groups. Interview guides have been elaborated, data analysis has been carried out, conclusions have been edited. SECS ensured the focus groups' arrangements at good standards (identifying and inviting trainees, facility/room where meetings have been held, necessary logistics, etc.)

The results of the project will be disseminated on the occasion of the organization of a National Conference. We hope that this project will be continued and developed during the following year, at a broader scale, in collaboration with The Ministry of Health (MoH) and other interested partners.

II. METHODOLOGY

A. **The Structure of the Focus Groups** (target populations, the inter-group structure)

The study has consisted of 19 focus groups with an average of 8 trainees each. All the focus group sessions have taken place in rooms specially settled for, during a period of 5 days ; part of the sessions has been recorded.
The work team has been leaded by a public health and management specialist. The recruitment guidelines were linked to:

- The age interval
- The residence environment
- The quality of using or not contraceptives
- The service providers within the family doctor's and ObGyn networks.

The criteria for stratification of the professionals was based on the election of those who have direct contact with the patients.
The study has sought to identify and analyze the knowledge, beliefs and practices of the trainees.

The Focus Group Guides were structured in the same manner for all types of audience:

- Individual level
- Cultural level (norms)
- Institutional level (services)
- Information sources

The towns/ villages in which focus groups have been carried are: Constanta, Medgidia, Cumpana, Cobadin, Cogealac and Topraisar.

The work instruments have consisted in the moderation guides.

Focus groups have been applied for the following target population groups: women, men, health professionals.

The group of women has been divided according to the categories of women who were using contraceptives and those who were not, during the two years preceding the study. The stratification criteria have consisted in the urban/ rural residential environment and age.

Two age groups have been constituted:

- The young age group in women contained females with ages from 15 to 24, and in men, males with ages from 18 to 29.

- The mature group for women contained females with ages from 25 to 39 and for men, males with ages from 30 to 40.

B. **Considerations regarding the consensus**

According to the methodology of the study, all trainees have been informed regarding the objectives and the features of the research process. All trainees have expressed their verbal agreement for participating in the study. Also, there has existed information according to which their personal opinions and positions might be included in this report. The methodology has also imposed keeping each patient's identity secret.

III. CONCLUSIONS

The Birth Spacing concept is almost unknown. The women with two or more children use the name “pause” and all participants have agreed with, including those who initially did not answer. The men use mainly “interval between births,” men confound “spacing” with sexual pause after birth, during breast feeding . Therefore, the messages need to insist on the difference between the two notions and on the criteria for each of them.

The subjects agree to the fact that the optimal time of spacing should generally be of over 2 years, with certain exceptions.

Formally, there is no information regarding the optimal time of spacing. Such information regards the morbid or restrictive (caesarian section) conditions cases. There is no prior knowledge regarding the subject.

In the absence of any sort of information, for each individual, this interval is tributary to personal experiences, entourage with approximate, vague knowledge involved by particular situations. Thus, the notion is voided by its scientific content and it is molded accidentally and distorted, in a circumstantial manner, explaining the extreme variety of answers. The registered nurses recommend a 2 year period as being the optimal time of birth spacing, but this judgment has not been transmitted, it is the consequence of the experience and casework which they have encountered, thus the arguments that they bring are usually individual by nature.

As far as the reasons which justify the birth spacing are concerned, they are dominated by immediate, concrete, pragmatic aspects, and not perspective aspects which are hardly or at all understood or taken into account. The financial constraints and the need for aid in the bringing up of the child wholly dominate the motivation. The attempt to discuss about the reasons of delay reveals the pronounced fear of having children again. Possible reasons: the woman’s health state and the use of the older child in the bringing up of the smaller, the need for financial recovery. The idea of raising two consecutive children together is deeply rooted enough without a clear effective benefit. Thus, a possible informing should demolish this belief which is widespread in the rural areas.

The determinant reasons for birth spacing are the material ones, either directly financial, or converted as to become support to the older child.

The medical staff express opinions and reasons regarding the optimal birth spacing interval through the situations they encounter, consequences seen in patients: material difficulties, lack of attention in educating the older child, physical and mental recovery of the mother.

The discussion regarding the advantages possessed by the mother, the children, the husband reflect the fact that the subjects do not make a clear difference – confusing the advantages of a short interval with those of a long term period, the advantages of the mother with those of the children, the advantages of the woman with those of the man, advantages with

disadvantages – all these denoting the lack of systemization on a theme which has not been reflected upon. Regarding the advantages, the following represent a few of them: of the newborn child – to be fed and loved, of the mother – to recover, of the child – to come into this world in an environment which is materially and spiritually well assorted, of the father – to recover financially.

Often, the advantage of one person becomes the disadvantage of the other, with different intensity nuances. Generally, the involvement of the married couple in this problem is reduced, and often, the man is perceived as a selfish character who doesn't care about the problems faced by the rest of the family. Thus, the husband's lack of education regarding the couple life is revealed. The mentality which agrees to the fact that these are problems that only women should face is somewhat deeply rooted; the involvement of the partners in any program designed for women must be reconsidered.

As far as the mother's advantages are concerned, these especially refer to a mental, physical recovery. Hard as it might be to believe, medical staff too responds with personal examples, often contradictory, with a sententious content, lacking in strong arguments.

As far as birth spacing practice is concerned, this differs greatly between women who use contraceptives and women who do not. The abortion remains a salvaging contraceptive method.

The couple decision inclines towards the woman or the couple, in a declarative way. Insisting on the subject, the conclusion is that this is however the woman's drama and the fact that the man's support consists more in tolerating the chosen situation. Often, the incommodities or the preferences of the woman prevail over the major interests. We can reiterate the idea that the programs be addressed to the partner also, in the idea of involving him and making him responsible.

As far as the birth of the next child is concerned, the declarations "which have a nice ring to them" but have no content in factual perspective are again encountered. The argument in favor of the will of fate has a fatal note: letting things occur by chance does not mean lack of care or negligence, but the entrance in the universal rhythm of divine will. This type of argument, invoking an indemonstrable, impossible to prove state (who knows what divine will is?) is difficult to be demolished and must be the target of any information regarding the given theme.

This is a state which has less to do with religion, which devolves upon a complex participation of the intuition, rationing and the feeling of deciding and moreover, with a psychological particularity (which counteracts with the Romanian passivity). As far as the birth spacing practice is concerned, this is partially assumed, either by the man, or by the woman. Often, knowledge is missing and the solution is dictated by the moment, thus people might either resort to abortion, or to birth (when abortion is too expensive).

The family and/or the entourage have opinions regarding the number of children or the birth spacing between them, often critical opinions dictated by patrimonial or perpetual interests.

Regardless of their critical nature, women and men seem to put aside any interferences when making a choice.

The religious sect groups and the Rroma ethnical group seem to have more firm unwritten rules – reason for which it is essential to contact the leader, mediate and negotiate with him an informing plan.

Regarding the people which the subjects might seek advice in, it appears that they do not really exist, they are not trustworthy or, if they are trustworthy they are sure to be doctors.

Abortion is seen either as a method of delaying unwanted pregnancies, a method of having less children or as a sin or both at the same time.

The abortion patterns indicate their massive presence and increase, before the first child and after the second.

Subjects consider miscarriage and abortion as totally different issues. Establishing the content of terms and the effect that this has on the health state must be clarified.

The habit of undergoing or having several abortions is perceived as bad for the health, but the subjects' way of thinking admits rehabilitation methods through interposing births. Additionally, the propaganda carried by the women that have had or are having repeated abortions, as well as the living examples of the fact that abortion does not kill creates new acolytes.

The need for counseling is perceived but has not made subjects conscious, nor has it been expressed. Counseling is often misunderstood for medical consultation.

Due to its' frequency, abortion has almost turned into a normal state of fact.

The financial access towards contraceptives appears to be reduced. The abortion offer is omnipresent, it is handy. Women who cannot afford an abortion, as a rapid contraceptive method, have children.